

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101540384 FILING DATE 1-04-06  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10	3					
11	1		1			
12	1					
13	2					
14	1					
15	1					
16	1					
17	1					
18	2					
19	1		1			
20	1					
21	1					
22	3					
23	0		1			
24	0		1			
25	0		1			
26	0		1			
27	0		1			
28	0		1			
29	0		1			
30	0		1			
31	0		1			
32	0		1			
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48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			20			
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

C. B. Burt

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